

PART B—ISSUE FEE TRANSMITTAL

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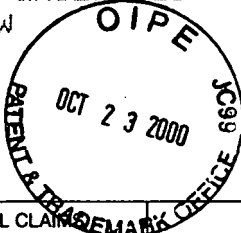
Box ISSUE FEE
Assistant Commissioner for Patents
Washington, D.C. 20231

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FINNEGAN HENDERSON FARABOW
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1300 I STREET N W
WASHINGTON DC 20005

QM12/0725



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(Depositor's name)

(Signature)

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APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
09/148,498	09/04/98	020	MANUEL, G	3737 07/25/00
First Named Applicant	CLAYTON,	JOHN B.		

TITLE OF INVENTION PERCUTANEOUS REGISTRATION APPARATUS AND METHOD FOR USE IN COMPUTER-ASSISTED SURGICAL NAVIGATION

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
3	06148.0040-0	600-426.000	P76	UTILITY	NO	\$1240.00 \$1219.00 10/25/00

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

FINNEGAN, HENDERSON,
1 FARABOW, GARRETT &
DUNNER, L.L.P.

2

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE Surgical Navigation Technologies, Inc.

(B) RESIDENCE: (CITY & STATE OR COUNTRY) Broomfield, Colorado

Please check the appropriate assignee category indicated below (will not be printed on the patent)

☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fees are enclosed (make check payable to Commissioner of Patents and Trademarks):

☒ Issue Fee

☒ Advance Order - # of Copies 5 (five)

ANY

4b. The following fees or deficiency in these fees should be charged to:

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☐ Issue Fee

☐ Advance Order - # of Copies

The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

Anthony M. Guzowski, Reg. No. 38,742

(Date)

10/23/00

NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

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10/24/2000 MBERHE1 00000079 09148498

01 FC:142

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02 FC:561

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